

# Medicaid Tables

Table 1  
North Carolina Medicaid  
State Fiscal Year 2004  
Federal Matching Rates

Benefit Costs  
(7/1/03 - 9/30/03)

	Services except Family Planning	Family Planning
Federal	65.51%	90.00%
State	29.32%	8.50%
County	5.17%	1.50%

Benefit Costs  
(10/1/03 - 6/30/04)

	Services except Family Planning	Family Planning
Federal	65.80%	90.00%
State	29.07%	8.50%
County	5.13%	1.50%

Administrative Costs  
(7/1/02 - 6/30/03)

	Skilled Medical Personnel & MMIS*	All Other
Federal	75.00%	50.00%
Non-Federal	25.00%	50.00%

\*MMIS-Medicaid Management Information System

Table 2a North Carolina Medicaid Financial Eligibility Standards

GROUP	BENEFITS	BASIC REQUIREMENTS <sup>1</sup>					SPECIAL PROVISIONS	
		Basic Eligibility Requirement	Whose Income and Resources Count	Income Limit	Resource Limit	Deductible/ Spenddown		
Recipients of Cash Assistance Programs	Full Medicaid coverage	Recipients of the following cash assistance programs are automatically entitled to Medicaid. No separate Medicaid application or Medicaid eligibility determination are required. The cash assistance programs are:  Work First Family Assistance – NC program under the federal Temporary Assistance to Needy Families law that provides cash assistance to families with children.  Supplemental Security Income (SSI) – Federal cash assistance program for the aged, blind, and disabled.  State/County Special Assistance – State cash assistance program for aged and disabled individuals, primarily who are in adult care homes.  Special Assistance to the Blind – State cash assistance program for blind individuals.						
Aged	Full Medicaid Coverage	Age 65 or older	Spouse's income and resources if live together	100% of Poverty 1 – \$ 776/mo 2 – \$1,041/mo	SSI Limits 1 - \$2,000 2 - \$3,000	Yes	If "yes" and income exceeds income limit, the individual or family may be able to be eligible for Medicaid if he can meet a deductible. See discussion of <u>Medical Deductible</u> on page 2 of this same column.  <b>Individuals in nursing facilities</b> generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$30 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance to the nursing facility. Medicaid pays the remainder of their cost of care.	<b>Protection of income for spouse at home:</b> When an individual is in a nursing facility and has a spouse living at home, a portion of the income of the spouse in the facility may be protected to bring the income of the spouse at home up to a level specified by federal law. Currently, that amount is \$1,562/mo and can be as much as \$2,319 depending upon at-home spouse's cost for housing. The amount protected for the at-home spouse is not counted in determining the eligibility of the spouse in the nursing facility.
Blind	Full Medicaid Coverage	Blind by Social Security Standards	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 – \$ 776/mo 2 – \$1,041/mo	SSI Limits 1 - \$2,000 2 - \$3,000	Yes		
Disabled	Full Medicaid Coverage	Disabled by Social Security Standards	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 – \$ 776/mo 2 – \$1,041/mo	SSI Limits 1 - \$2,000 2 - \$3,000	Yes		
Qualified Medicare Beneficiaries	Payment of Medicare premiums and deductibles and co-insurance charges for Medicare covered services	Entitled to Medicare Parts A & B	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	100% of Poverty 1 – \$ 776/mo 2 – \$1,041/mo	2 x SSI Limits 1 - \$4,000 2 - \$6,000	No		
Specified Low Income Medicare Beneficiaries	Payment of Medicare Part B premium	Entitled to free Medicare Part A	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	120% of Poverty 1 - \$ 931/mo 2 - \$1,249/mo	2 x SSI Limits 1 - \$4,000 2 - \$6,000	No		
Qualifying Individuals	Payment of Medicare Part B Premiums	Entitled to free Medicare Part A	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	135% of Poverty 1 - \$1,048/mo 2 - \$1,406/mo	2 x SSI Limits 1 - \$4,000 2 - \$6,000	No	<b>Transfer of resources:</b> When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under the Community Alternative Placement program or other in-home health services & supplies for a period of time that depends on the value of the transferred resource.	
Working Disabled	Payment of Medicare Part A premiums	Lost entitlement to free Medicare A due to earnings but still has disabling impairment.	Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents.	200% of Poverty 1 - \$1,552/mo 2 - \$2,082/mo	2 x SSI Limits 1 - \$4,000 2 - \$6,000	No		

<sup>1</sup> This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence) which can also affect eligibility or the level of benefits are not reflected on this chart.

Table 2a (cont) North Carolina Medicaid Financial Eligibility Standards

GROUP	BENEFITS	BASIC REQUIREMENTS					SPECIAL PROVISIONS
		Basic Eligibility Requirement	Whose Income and Resources Count	Income Limit	Resource Limit	Deductible/Spenddown	
Families & Children	Full Medicaid coverage	Parents/Caretaker relatives must be living with and caring for a child to whom they are related who is under age 19. Children must be under age 21.	Spouse's income and resources if live together. Parents' income and resources if under age 21 and live with parents.	1 - \$362/mo 2 - \$472/mo 3 - \$544/mo 4 - \$594/mo 5 - \$648/mo	\$3,000	Yes  If "yes" and income exceeds income limit, the individual or family may be able to be eligible for Medicaid if he can meet a deductible  <u>Medicaid Deductible:</u>	Children with special needs who are adopted under state adoption agreements have their eligibility for Medicaid determined without counting the income of the adoptive parents.
Pregnant Women	Coverage is limited to treatment for conditions that affect the pregnancy.	Medical verification of pregnancy	Count only the income only of the pregnant woman and, if in the home, the father of the unborn.	Preg. Women and children under age 1 185% of Poverty 1 - \$1,436/mo 2 - \$1,926/mo 3 - \$2,416/mo 4 - \$2,907/mo 5 - \$3,397/mo	No resource limit if eligible with income no more than 185% of poverty	Yes  When an individual/family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNIL) (see <i>limits below</i> ) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-mo. deductible. Once medical bills are incurred for which they are responsible, they are authorized for the remainder of the 6-mo. period. Medicaid cannot pay for any of the bills applied to the deductible.	When determining the family size for the pregnant woman the unborn child is included. For example the family size for a single pregnant woman would be 2.
Children under age 1	Full Medicaid Coverage	Be under age 1	Parents' income if living in the home.	133% of Poverty 1 - \$1,032/mo 2 - \$1,385/mo 3 - \$1,737/mo 4 - \$2,090/mo 5 - \$2,442/mo	No resource limit if eligible with income no more than 133% of poverty	Yes	
Children age 1 thru age 5	Full Medicaid Coverage	Be over age 1 and under age 6.	Parents' income if living in the home.	100% of Poverty 1 - \$ 776/mo 2 - \$1,041/mo 3 - \$1,306/mo 4 - \$1,571/mo 5 - \$1,836/mo	No resource limit if eligible with income no more than 100% of poverty.	Yes	
Children age 6 thru 18	Full Medicaid Coverage	Be age 6 thru age 18	Parents' income if living in the home.	200% of Poverty 1 - \$1,552/mo 2 - \$2,082/mo 3 - \$2,612/mo 4 - \$3,142/mo 5 - \$3,672/mo	No resource limit	There is no deductible or spenddown provision for NCHC. If a child is ineligible due to too much income, they will be evaluated for Medicaid with a deductible.	
Title IV-E Children	Full Medicaid Coverage	Be an Title IV-E adoptive or foster child	Medicaid eligibility is automatic. There is no income or resource determination.			No  <u>MNIL</u> 1 - \$242/mo 2 - \$317/mo 3 - \$367/mo 4 - \$400/mo 5 - \$433/mo  <u>Resource limit</u> All deductible cases have a resource limit: \$3000 for families and children and \$2,000 (1) and \$3000 (2) for aged, blind and disabled.	
Breast & Cervical Cancer Medicaid	Full Medicaid Coverage	A woman who has been screened and enrolled in the NC Breast & Cervical Cancer Control Program	Medicaid eligibility is automatic. There is no income or resource determination.			No	To be eligible under the Breast and Cervical Cancer Medicaid program, the woman can have no medical insurance coverage including Medicaid.
NC Health Choice (NCHC)	Coverage of the NC State Employees Health Plan, plus vision, hearing, & dental	Be an uninsured child under age 19.	Parents' income if living in the home.				

Table 2b  
Financial Eligibility for Medicaid based on  
Percentage of Poverty (Annual)  
SFY 2004

Family Size	100%	120%	133%	135%	185%	200%	
1	\$9,312	\$11,172	\$12,384	\$12,576	\$17,232	\$18,624	
2	\$12,492	\$14,988	\$16,620	\$16,872	\$23,112	\$24,980	
3	\$15,672		\$20,884		\$28,992	\$31,344	
4	\$18,852		\$25,080		\$34,884	\$37,704	
5	\$22,032		\$29,304		\$40,764	\$44,064	

Note 1: The Federal Poverty Level amounts change each year effective April. The above figures were effective April 1, 2004 and remained in effect through the end of SFY 2004

Note 2: SSI recipients are automatically eligible. Income limits are \$6,772 for a family of one and \$10,157 for a family of two. Adult care home residents who receive state-county special assistance are also automatically eligible. Income limits are \$13,896 for a family of one.

Note 3: Those with income over the limits are eligible if medical bills are high enough. Medical bills must be equal to or greater than the amount by which their income exceeds the Medically Needy Income Levels (MNIL). The annual 2004 MNIL is \$2,904 for a family of one and \$3,804 for a family of two (eligibility is determined in six month increments).

Table 3  
North Carolina Medicaid  
State Fiscal Year 2004  
Number of Enrolled Medicaid Providers

<u>Providers</u>	<u>Number</u>
Adult Care Home Providers	2,074
Ambulance Service Providers	283
Chiropractors	1,163
Community Alternatives Program Providers: CAP/C, CAP/AIDS, CAP/DD-MR, CAP/DA	1,143
Dental Service Providers:	
Dentists, Oral Surgeons, Pedodontists, Orthodontists	4,166
Durable Medical Equipment Suppliers	2,199
Hearing Aid Suppliers	97
Home Health Agency Providers:	
Home Infusion Therapy, Private Duty Nursing	472
Hospice Agency Providers	77
Hospital Providers	513
Independent Laboratory Providers	163
Independent Practitioners:	
Physical, Occupational, Respiratory & Speech Therapists, Audiologists	2,204
Managed Care Programs (HMOs)	1
Mental Health Program Providers	158
Mental Health Providers	2,291
Nursing Facility Providers	1,229
Optical Service Providers and Suppliers:	
Opticians, Optometrists	1,256
Other Types of Clinics:	
Ambulatory Surgery Centers, Birthing Centers, Dialysis Centers	214
Personal Care Service Providers	707
Pharmacists	1,986
Physician Extenders:	
Nurse Midwives, Physician Assistants, Nurse Practitioners, CRNA's	1,977
Physicians	26,481
Podiatrists	378
Portable X-ray Service Providers	22
Psychiatric Facility Providers	649
Public Health Program Providers	509
Rural Health Clinic/Federally Qualified Health Center Providers	347
Community Base Providers	78
Total	52,837

Note: This is an unduplicated count of active providers enrolled during SFY 2004.  
Physicians may be counted individually and/or as a group.

Table 4  
 North Carolina Medicaid  
 State Fiscal Year 2004  
 Medicaid Covered Services

Ambulance & Other Medical Transportation  
 Targeted Case Management for:  
   Pregnant women  
   High risk children (0-5)  
   Chronically mentally ill adults  
   Emotionally disturbed children  
   Chronic substance abusers  
   Adults & children at risk of abuse, neglect or exploitation  
   Persons with HIV disease  
 Chiropractors  
 Clinic Services (Federally Qualified, Rural Health, Health Dept & Mental Health)  
 Community Alternatives Programs  
 Dental Care Services  
 Domicile Care  
 Durable Medical Equipment  
 Health Check Services (EPSDT)  
 Family Planning Services  
 Hearing Aids (for children)  
 HMO Membership  
 Home Health Services  
 Home Infusion Therapy Services  
 Hospice  
 Inpatient, Outpatient & Specialty Hospital Services  
 Intermediate Care Facilities for the Mentally Retarded  
 Laboratory & X-ray Services  
 Mental Hospitals (age 65 & over)  
 Migrant Health Clinics  
 Nurse Anesthetists  
 Nurse Midwives  
 Nurse Practitioners  
 Nursing Facilities  
 Optical Supplies  
 Optometrists  
 Personal Care Services  
 Physicians  
 Podiatrists  
 Prescription Drugs  
 Preventive  
 Private Duty Nursing Services  
 Prosthetics and Orthotics (children)  
 Rehabilitative (under Behavioral Health Services)  
 Screening  
 Specialized Therapies (Occupational, Physical, Respiratory & Speech)

Table 5  
 North Carolina Medicaid Program  
 State Fiscal Year 2003 vs. 2004  
 Fund 1310 - Sources of Medicaid Funds - Services Expenditures Only

	<u>2004</u>	<u>Percent</u>	<u>2003</u>	<u>Percent</u>
Federal	\$ 4,868,510,671	65.75%	\$ 4,172,894,036	63.08%
State*	\$ 1,869,297,326	25.24%	\$ 1,850,750,558	27.98%
Other State**	\$ 294,812,636	3.98%	\$ 220,469,147	3.33%
County	\$ 372,120,792	5.03%	\$ 371,267,939	5.61%
<b>Total</b>	<b>\$ 7,404,741,424</b>	<b>100.00%</b>	<b>\$ 6,615,381,680</b>	<b>100.00%</b>

\* State appropriation of funds

\*\*Primarily transfers from other agencies and other state funds.

Source: BD701, the Authorized Monthly Budget Report for the periods ending June 29, 2004 and June 29, 2003, respectively  
 NCAS



Table 6  
North Carolina Medicaid  
State Fiscal Year 2004  
Program Services Expenditures  
Fund 1310 Source of Medicaid Funds - DMA Only

<u>Type of Service</u>	<u>Total Expenditures</u>	<u>Percent of Total Dollars</u>	<u>Percent of Service Dollars</u>	<u>Users of Services*</u>	<u>Cost Per Service User</u>
Inpatient Hospital	\$ 951,401,113	12.85%	13.32%	214,478	\$ 4,436
Outpatient Hospital	511,730,500	6.91%	7.16%	741,934	690
Mental Hospital <21 & >65	23,813,468	0.32%	0.33%	2,379	10,010
Physician	697,369,742	9.42%	9.76%	1,392,685	501
Clinics	562,838,599	7.60%	7.88%	515,808	1,091
Nursing Facilities	896,995,683	12.11%	12.56%	43,421	20,658
ICF-MR	412,470,745	5.57%	5.77%	4,580	90,059
Dental	179,085,614	2.42%	2.51%	415,195	431
Prescription Drugs	1,470,497,694	19.86%	20.59%	1,057,239	1,391
Home Health	99,101,136	1.34%	1.39%	154,828	640
Personal Care Services	220,873,275	2.98%	3.09%	41,268	5,352
Adult Care Homes - Personal Care Services	130,332,985	1.76%	1.82%	28,537	4,567
All Other Services	986,965,177	13.33%	13.82%	1,078,167	915
<b>Subtotal, Services</b>	<b>\$ 7,143,475,732</b>	<b>96.47%</b>	<b>100.00%</b>		
Medicare Premiums:					
(Part A, Part B, QMB, Dually Eligible)	239,728,567	3.24%			
HMO Premium	21,537,125	0.29%			
<b>Subtotal, Other</b>	<b>\$ 261,265,692</b>	<b>3.53%</b>			
<b>Fund 1310 Total Title XIX Services</b>	<b>7,404,741,424</b>	<b>100.00%</b>			
<b>Total Recipients (unduplicated)**</b>				<b>1,541,450</b>	
<b>Total Expenditures Per Recipient (unduplicated)</b>					<b>\$ 4,804</b>

\* "Users of Services" is a duplicated count. Recipients using one or more services are counted in each service category.

\*\* The word "recipient" refers to an individuals who is eligible for Medicaid who actually received at least one service during a given fiscal year. "Total Recipients" is unduplicated, counting recipients only once during the year regardless of the number or type of services they use.

Note: Numbers may not add to the dollar due to rounding.

"Users of Services" in "All Other Services" is obtained from the State History Table by taking an unduplicated count of the number of users.

SOURCE: BD-701 Report June 2004

Table 7  
North Carolina Medicaid  
A History of Medicaid Expenditures - Fund 1310 Program Services Expenditures Only

State Fiscal Year	EXPENDITURES	Increase over Prior Year	FEDERAL	Increase over Prior Year	COUNTY	Increase over Prior Year	STATE	Increase over Prior Year
SFY 1995	3,104,096,450		2,033,890,406		156,970,582		913,235,462	
SFY 1996	3,549,309,272	14.3%	2,319,069,750	14.0%	183,329,798	16.8%	1,046,909,725	14.6%
SFY 1997	3,910,496,650	10.2%	2,558,186,929	10.3%	203,048,680	10.8%	1,149,261,041	9.8%
SFY 1998	4,106,345,835	5.0%	2,694,947,300	5.3%	223,297,504	10.0%	1,188,101,030	3.4%
SFY 1999	4,239,989,114	3.3%	2,726,521,783	1.2%	231,552,651	3.7%	1,281,914,680	7.9%
SFY 2000	4,783,840,430	12.8%	2,998,403,878	10.0%	253,995,385	9.7%	1,531,441,167	19.5%
SFY 2001	5,480,241,286	14.6%	3,430,145,921	14.4%	310,019,848	22.1%	1,740,075,518	13.6%
SFY 2002	6,185,038,224	12.9%	3,827,151,587	11.6%	353,624,465	14.1%	2,004,262,173	15.2%
SFY 2003	6,605,712,421	6.8%	4,172,894,036	9.0%	371,267,939	5.0%	2,061,550,446	2.9%
SFY 2004	7,404,741,424	12.1%	4,868,510,671	16.7%	372,120,792	0.2%	2,164,109,962	5.0%

NOTE: The expenditures in this table are only for Medicaid Program Services paid through the Division of Medical Assistance. Program Services expenditures paid through other DHHS divisions are not included. Adjustments, recoveries and rebates are not included.

Source: BD 701 Budget Reports, Budget Code 14445, Fund 1310.

Table 8  
North Carolina Medicaid  
State Fiscal Years 1979 - 2004  
A History of Unduplicated Medicaid Eligibles

Fiscal Years	Aged	Qualified Medicare Beneficiaries	Blind	Disabled	AFDC Adults & Children	Medicaid Pregnant Women Coverage	Medicaid Indigent Children Coverage	Other Children	Aliens and Refugees	Breast Cervical Cancer (BCC)	Total	Percent Change
1978-79	82,930	N/A	3,219	59,187	301,218	N/A	N/A	6,620	N/A		453,174	
1979-80	82,859	N/A	2,878	56,265	307,059	N/A	N/A	6,641	N/A		455,702	0.56%
1980-81	80,725	N/A	2,656	56,773	315,651	N/A	N/A	6,559	N/A		459,364	0.80%
1981-82	70,010	N/A	2,349	48,266	298,483	N/A	N/A	6,125	N/A		425,233	-7.43%
1982-83	67,330	N/A	2,000	46,537	293,623	N/A	N/A	6,062	N/A		415,552	-2.28%
1983-84	65,203	N/A	1,755	46,728	288,619	N/A	N/A	5,501	N/A		407,806	-1.86%
1984-85	65,849	N/A	1,634	48,349	293,188	N/A	N/A	5,333	N/A		414,353	1.61%
1985-86	69,193	N/A	1,554	51,959	313,909	N/A	N/A	5,315	N/A		441,930	6.66%
1986-87	72,295	N/A	1,462	54,924	317,983	N/A	N/A	5,361	N/A		452,025	2.28%
1987-88	76,308	N/A	1,394	58,258	323,418	9,842	6,543	5,563	N/A		481,326	6.48%
1988-89	80,044	19,064	1,304	62,419	352,321	20,277	19,615	6,009	561		561,614	16.68%
1989-90	80,266	33,929	1,220	64,875	387,882	28,563	36,429	5,176	1,011		639,351	13.84%
1990-91	81,466	42,949	1,116	70,397	451,983	37,200	61,210	4,296	1,675		753,292	17.82%
1991-92	83,337	56,871	1,064	79,282	513,023	43,330	94,922	4,139	1,955		877,923	16.54%
1992-93	85,702	71,120	1,003	87,664	562,661	45,629	132,348	4,133	2,437		992,697	13.07%
1993-94	86,111	83,460	929	90,889	581,397	46,970	162,417	4,100	2,330		1,058,603	6.64%
1994-95	127,514	48,373	2,716	155,215	533,300	48,115	216,888	3,808	2,857		1,138,786	7.57%
1995-96	131,496	53,072	2,710	171,204	496,501	52,466	261,525	3,696	3,919		1,176,589	3.32%
1996-97	132,173	58,036	2,593	176,160	462,881	55,838	295,882	3,747	4,823		1,192,133	1.32%
1997-98	131,332	61,032	2,531	180,461	414,853	58,899	337,849	3,905	6,311		1,197,173	0.42%
1998-99	152,582	32,737	2,497	199,523	344,621	60,896	371,986	3,941	8,036		1,176,819	-1.70%
1999-00	154,222	33,302	2,428	205,205	330,113	60,918	421,158	4,063	9,857		1,221,266	3.78%
2000-01	154,284	36,053	2,357	212,798	450,472	57,318	424,436	4,195	12,680		1,354,593	10.92%
2001-02	153,282	39,799	2,334	221,813	456,232	53,009	444,299	4,737	14,523		1,390,028	2.62%
2002-03	151,672	41,030	2,226	228,159	478,842	51,111	474,557	4,881	14,805		1,447,283	4.12%
2003-04	151,478	42,413	2,177	238,810	485,856	53,768	517,251	4882	15,528	197	1,512,360	4.50%
SFY 2003												
Percent Total Eligibles:	10.5%	2.8%	0.2%	15.8%	33.1%	3.5%	32.8%	0.3%	1.0%		100.0%	
SFY 2004												
Percent Total Eligibles:	10.0%	2.8%	0.1%	15.8%	32.1%	3.6%	34.2%	0.3%	1.0%	0.0%	100.0%	

Source: Medicaid Eligibility Report, EJA752 - SFY 2004

Table 9  
North Carolina Medicaid  
State Fiscal Year 2004  
Eligibles and Program Payments for Which the County is Responsible for Its Computable Share\*

COUNTY NAME	2003 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES**	TOTAL EXPENDITURES	EXPENDITURE PER ELIGIBLE	PER CAPITA AMOUNT	EXPENDITURE RANKING	ELIGIBLES PER 1,000 POPULATION	% OF MEDICAID ELIGIBLES BY COUNTY, BASED ON 2003 POPULATION
ALAMANCE	136,372	21,726	\$ 101,375,010	\$ 4,666	\$ 743	77	159	15.93%
ALEXANDER	34,532	5,935	26,134,383	4,403	757	75	172	17.19%
ALLEGHANY	10,790	2,176	13,637,508	6,267	1,264	17	202	20.17%
ANSON	25,224	6,948	38,559,847	5,550	1,529	8	275	27.55%
ASHE	25,086	5,100	30,977,988	6,074	1,235	23	203	20.33%
AVERY	18,093	3,195	19,558,954	6,122	1,081	35	177	17.66%
BEAUFORT	45,589	10,936	61,340,868	5,609	1,346	15	240	23.99%
BERTIE	19,813	6,567	36,410,284	5,544	1,838	1	331	33.14%
BLADEN	32,784	10,053	49,473,039	4,921	1,509	9	307	30.66%
BRUNSWICK	81,810	16,138	69,802,724	4,325	853	63	197	19.73%
BUNCOMBE	212,246	36,624	188,633,465	5,151	889	59	173	17.26%
BURKE	88,790	16,454	82,743,956	5,029	932	51	185	18.53%
CABARRUS	143,433	21,385	95,034,240	4,444	663	88	149	14.91%
CALDWELL	78,132	14,873	73,390,560	4,934	939	50	190	19.04%
CAMDEN	7,844	1,057	4,819,769	4,560	614	92	135	13.48%
CARTERET	60,574	9,398	47,282,851	5,031	781	72	155	15.51%
CASWELL	23,720	4,902	25,223,324	5,146	1,063	39	207	20.67%
CATAWBA	146,458	24,220	103,137,170	4,258	704	84	165	16.54%
CHATHAM	53,684	7,227	34,488,285	4,772	642	90	135	13.46%
CHEROKEE	25,280	5,722	33,094,194	5,784	1,309	16	226	22.63%
CHOWAN	14,366	3,666	17,716,006	4,833	1,233	24	255	25.52%
CLAY	9,368	1,833	9,574,666	5,223	1,022	43	196	19.57%
CLEVELAND	97,548	22,241	115,396,638	5,188	1,183	25	228	22.80%
COLUMBUS	54,557	17,440	89,961,005	5,158	1,649	3	320	31.97%
CRAVEN	92,692	16,388	81,280,279	4,960	877	62	177	17.68%
CUMBERLAND	307,856	55,731	200,885,010	3,605	653	89	181	18.10%
CURRITUCK	20,598	2,724	12,267,830	4,504	596	93	132	13.22%
DARE	33,328	3,457	19,577,222	5,663	587	95	104	10.37%
DAVIDSON	151,935	25,431	109,254,820	4,296	719	83	167	16.74%
DAVIE	37,222	4,847	23,244,565	4,796	624	91	130	13.02%
DUPLIN	50,775	12,375	53,502,709	4,323	1,054	40	244	24.37%
DURHAM	236,088	36,865	175,494,972	4,760	743	78	156	15.61%
EDGEcombe	54,077	17,892	73,590,673	4,113	1,361	14	331	33.09%
FORSYTH	317,643	50,383	231,645,310	4,598	729	81	159	15.86%
FRANKLIN	51,652	10,243	43,849,152	4,281	849	64	198	19.83%
GASTON	191,236	38,701	212,825,385	5,499	1,113	32	202	20.24%
GATES	10,834	1,979	9,788,746	4,946	904	55	183	18.27%
GRAHAM	8,044	2,191	13,465,319	6,146	1,674	2	272	27.24%
GRANVILLE	52,442	8,855	39,125,006	4,418	746	76	169	16.89%
GREENE	19,882	4,585	20,207,233	4,407	1,016	45	231	23.06%
GUILFORD	431,199	69,422	303,058,167	4,365	703	85	161	16.10%
HALIFAX	56,874	19,111	85,774,245	4,488	1,508	10	336	33.60%
HARNETT	97,794	19,737	79,047,630	4,005	808	69	202	20.18%
HAYWOOD	55,822	10,874	55,066,420	5,064	986	47	195	19.48%
HENDERSON	94,496	14,906	74,639,740	5,007	790	71	158	15.77%
HERTFORD	23,755	7,303	36,760,578	5,034	1,547	7	307	30.74%
HOKE	36,990	8,698	35,655,034	4,099	964	48	235	23.51%
HYDE	5,720	1,425	8,444,700	5,926	1,476	12	249	24.91%
IREDELL	133,280	20,428	91,495,186	4,479	686	87	153	15.33%
JACKSON	34,990	5,797	27,281,133	4,706	780	73	166	16.57%
JOHNSTON	136,304	25,409	111,218,194	4,377	816	68	186	18.64%
JONES	10,184	2,250	11,817,595	5,252	1,160	29	221	22.09%
LEE	49,792	10,538	35,943,340	3,411	722	82	212	21.16%
LENOIR	58,900	15,551	72,790,131	4,681	1,236	22	264	26.40%

Table 9 (Cont.)  
North Carolina Medicaid  
State Fiscal Year 2004  
Eligibles and Program Payments for Which the County is Responsible for Its Computable Share\*

COUNTY NAME	2003 EST. COUNTY POPULATION	NUMBER OF MEDICAID ELIGIBLES**	TOTAL EXPENDITURES	EXPENDITURE PER ELIGIBLE	PER CAPITA AMOUNT	EXPENDITURE RANKING	ELIGIBLES PER 1,000 POPULATION	% OF MEDICAID ELIGIBLES BY COUNTY, BASED ON 2003 POPULATION
LINCOLN	67,394	10,753	55,396,965	5,152	822	66	160	15.96%
MACON	31,376	5,896	25,251,873	4,283	805	70	188	18.79%
MADISON	19,976	4,360	23,192,433	5,319	1,161	28	218	21.83%
MARTIN	24,928	6,963	39,610,567	5,689	1,589	5	279	27.93%
MCDOWELL	43,080	8,283	39,753,077	4,799	923	53	192	19.23%
MECKLENBURG	750,221	116,273	446,318,332	3,839	595	94	155	15.50%
MITCHELL	15,925	3,198	17,477,297	5,465	1,097	33	201	20.08%
MONTGOMERY	27,332	6,663	30,572,831	4,588	1,119	31	244	24.38%
MOORE	78,226	12,455	54,609,053	4,385	698	86	159	15.92%
NASH	89,626	18,883	80,461,164	4,261	898	56	211	21.07%
NEW HANOVER	169,050	27,026	139,057,086	5,145	823	65	160	15.99%
NORTHAMPTON	21,798	6,917	35,073,463	5,071	1,609	4	317	31.73%
ONSLOW	156,967	20,312	79,295,415	3,904	505	99	129	12.94%
ORANGE	120,881	10,774	64,666,598	6,002	535	97	89	8.91%
PAMLICO	12,992	2,595	14,223,495	5,481	1,095	34	200	19.97%
PASQUOTANK	36,432	8,602	41,578,602	4,834	1,141	30	236	23.61%
PENDER	43,699	8,552	39,131,175	4,576	895	57	196	19.57%
PERQUIMANS	11,712	2,593	11,271,276	4,347	962	49	221	22.14%
PERSON	36,980	7,314	39,470,017	5,397	1,067	37	198	19.78%
PITT	139,007	27,315	123,645,470	4,527	889	58	197	19.65%
POLK	18,896	2,551	14,372,962	5,634	761	74	135	13.50%
RANDOLPH	134,980	24,118	99,643,616	4,132	738	80	179	17.87%
RICHMOND	46,490	13,589	58,576,375	4,311	1,260	19	292	29.23%
ROBESON	125,554	42,989	195,744,742	4,553	1,559	6	342	34.24%
ROCKINGHAM	92,423	18,989	96,768,594	5,096	1,047	41	205	20.55%
ROWAN	133,134	23,799	109,199,089	4,588	820	67	179	17.88%
RUTHERFORD	63,432	14,095	64,699,016	4,590	1,020	44	222	22.22%
SAMPSON	62,214	16,279	72,785,324	4,471	1,170	27	262	26.17%
SCOTLAND	35,506	11,879	52,937,036	4,456	1,491	11	335	33.46%
STANLY	59,060	10,345	51,983,613	5,025	880	61	175	17.52%
STOKES	45,604	7,038	33,733,973	4,793	740	79	154	15.43%
SURRY	71,980	14,353	72,378,420	5,043	1,006	46	199	19.94%
SWAIN	13,353	3,461	15,736,601	4,547	1,179	26	259	25.92%
TRANSYLVANIA	29,468	5,281	25,978,539	4,919	882	60	179	17.92%
TYRRELL	4,226	975	5,338,687	5,476	1,263	18	231	23.07%
UNION	144,708	18,500	74,323,079	4,017	514	98	128	12.78%
VANCE	43,860	14,741	54,786,158	3,717	1,249	20	336	33.61%
WAKE	699,503	73,831	314,426,086	4,259	449	100	106	10.55%
WARREN	20,054	5,833	25,005,780	4,287	1,247	21	291	29.09%
WASHINGTON	13,468	4,242	19,327,029	4,556	1,435	13	315	31.50%
WATAUGA	42,772	3,881	23,044,621	5,938	539	96	91	9.07%
WAYNE	113,988	24,986	104,202,946	4,170	914	54	219	21.92%
WILKES	66,909	13,572	72,158,368	5,317	1,078	36	203	20.28%
WILSON	75,662	17,882	79,172,504	4,427	1,046	42	236	23.63%
YADKIN	36,821	5,857	34,079,122	5,819	926	52	159	15.91%
YANCEY	17,926	3,655	19,092,030	5,224	1,065	38	204	20.39%
STATE TOTAL	8,418,090	1,512,360	\$ 6,906,313,559	\$ 4,567	\$ 820		180	17.97%

Notes: \* Data reflect only net vendor payments for which the county is responsible for its computable share.

\*\* Eligibles is a statewide unduplicated count indicating only eligibility in the last county of residence during the fiscal year

Source: Medicaid Cost Calculation Fiscal YTD June 2004.

Table 10  
North Carolina Medicaid  
State Fiscal Year 2004  
Medicaid Service Expenditures by Recipient Group

<u>Eligibility Group</u>	<u>Total Service Dollars</u>	<u>Percent of Service Dollars</u>	<u>Total Recipients</u>	<u>Percent of Recipients</u>	<u>SFY 2004 Expenditures Per Recipient</u>	<u>SFY 2003 Expenditures Per Recipient</u>	<u>03/04 Percent Change</u>
<b>Total Elderly</b>	<b>\$ 1,941,800,149</b>	<b>26.3%</b>	<b>204,135</b>	<b>13.2%</b>	<b>\$ 9,512</b>	<b>\$ 8,932</b>	<b>6.5%</b>
Aged	1,912,877,837	25.9%	162,675	10.6%	11,759	10,992	7.0%
Medicare-Aid (MQBQ, MQBB & MQBE)	28,922,311	0.4%	41,460	2.7%	698	665	4.9%
<b>Total Disabled</b>	<b>\$ 3,127,627,817</b>	<b>42.4%</b>	<b>243,774</b>	<b>15.8%</b>	<b>\$ 12,830</b>	<b>\$ 11,971</b>	<b>7.2%</b>
Disabled	3,098,896,953	42.0%	241,560	15.7%	12,829	11,964	7.2%
Blind	28,730,864	0.4%	2,214	0.1%	12,977	12,632	2.7%
<b>Total Families &amp; Children</b>	<b>\$ 2,285,088,549</b>	<b>31.0%</b>	<b>1,074,554</b>	<b>69.7%</b>	<b>\$ 2,127</b>	<b>\$ 1,967</b>	<b>8.1%</b>
AFDC Adults (> 21)	662,377,368	9.0%	224,740	14.6%	2,947	2,731	7.9%
Medicaid Pregnant Women Coverage (MPW)	211,141,242	2.9%	57,047	3.7%	3,701	3,844	-3.7%
AFDC Children & Other Children	581,291,151	7.9%	270,548	17.6%	2,149	1,871	14.8%
Medicaid Indigent Children (MIC)	826,938,099	11.2%	521,991	33.9%	1,584	1,482	6.9%
Breast and Cervical	3,340,690	0.0%	228	0.0%	14,652	12,529	16.9%
<b>Aliens and Refugees</b>	<b>\$ 51,681,385</b>	<b>0.7%</b>	<b>18,987</b>	<b>1.2%</b>	<b>\$ 2,722</b>	<b>\$ 2,735</b>	<b>-0.5%</b>

Source: SFY 2004 Program Expenditure Report (PER) and State 2082 Report. Note: Financial data reported in the PER originates from and relates to "claims paid" within MMIS during the fiscal year and is not identical with financial data reported in the BD 701 Budget Reports.

Table 11  
North Carolina Medicaid  
State Fiscal Year 2004  
Service Expenditures for Selected Major Medical Services by Program Category

Type of Service	Total	Percent of Service Dollars	Aged	MQBQ* Medicare Qualified Beneficiary	MQBB+MQBE Part B Premium Only	Blind	Disabled	Other Adult**	Breast Cervical	Children***	Align & Refugees	Adjustments Unattributable to a Specific Category
Inpatient Hospital	\$ 952,315,340	12.9%	\$ 15,067,951	\$ 16,748	-	\$ 1,574,381	\$ 419,847,747	\$ 231,056,692	\$ 364,950	\$ 254,178,374	\$ 36,351,357	\$ (6,142,860)
Outpatient Hospital	517,492,495	7.0%	30,885,192	74,945	-	1,195,268	195,812,082	157,121,226	1,509,497	144,127,630	1,978,785	(15,212,129)
Mental Hospital (> 65)	7,177,974	0.1%	7,179,028	-	-	-	(46)	-	-	-	-	(1,007)
Psychiatric Hospital (< 21)	25,969,008	0.4%	-	-	-	-	7,591,541	6,191	-	18,422,543	-	(51,268)
Physician	697,495,106	9.5%	43,908,023	112,354	(32)	1,257,726	210,835,173	188,433,473	1,097,903	246,184,910	10,658,891	(4,993,316)
Clinics	582,769,700	7.9%	10,476,312	11,426	164	1,273,701	283,072,000	48,855,990	17,936	242,526,533	1,302,089	(4,766,449)
Nursing Facility:												
Skilled Level	479,238,470	6.5%	401,591,097	605	-	1,066,855	76,555,501	283,407	-	25,515	1,454	(285,966)
Intermediate Level	418,220,811	5.7%	372,127,634	-	(1,042)	1,037,300	45,093,305	3,502	-	80,462	1,143	(121,493)
Intermediate Care Facility (Mentally Retarded)	412,470,709	5.6%	24,466,196	-	-	7,017,502	378,465,752	32,392	-	2,530,366	-	(41,499)
Dental	179,199,630	2.4%	9,313,687	-	-	199,955	32,472,187	35,517,437	19,474	101,820,018	152,298	(295,427)
Prescription Drugs	1,470,555,037	19.9%	442,920,522	-	-	4,726,513	702,175,531	139,353,861	226,514	181,308,535	138,935	(295,375)
Home Health	170,719,146	2.3%	32,431,571	7,958	-	904,782	112,665,820	10,251,717	50,456	14,840,252	63,422	(496,833)
CAP/Disabled Adult	201,733,127	2.7%	144,185,448	-	-	1,578,707	56,086,167	181	-	1,186	18,807	(137,368)
CAP/Mentally Retarded	265,713,701	3.6%	5,298,714	-	-	2,638,663	255,960,094	-	-	2,148,256	-	(332,026)
CAP/Children	23,775,920	0.3%	-	-	-	319,104	22,872,512	-	-	609,178	-	(24,875)
Personal Care	220,873,275	3.0%	127,838,732	-	125	1,821,868	87,111,926	3,023,208	15,662	1,133,107	2,224	(73,577)
Hospice	31,551,395	0.4%	18,932,203	-	-	122,182	12,027,400	362,322	-	155,884	-	(48,595)
EPSDT (Health Check)	48,877,457	0.7%	8,424	-	-	6,327	1,356,892	60,580	5	47,489,455	2,180	(46,406)
Lab & X-ray	28,724,183	0.4%	187,843	159	-	48,548	5,721,439	13,083,100	17,129	9,658,316	58,681	(51,033)
Adult Home Care	134,809,630	1.8%	77,678,298	-	-	346,260	56,759,995	34,068	6,745	28,532	(15)	(44,251)
High Risk Intervention												
Residential	102,598,399	1.4%	-	-	-	-	24,030,245	4,761	-	78,653,760	-	(90,367)
Other Services	145,862,149	2.0%	9,730,480	3,690	-	231,404	46,251,218	36,465,405	14,418	52,485,884	931,407	(251,757)
<b>Total Services</b>	<b>\$ 7,118,142,661</b>	<b>96.5%</b>	<b>\$ 1,774,227,356</b>	<b>\$ 227,884</b>	<b>\$ (784)</b>	<b>\$ 27,367,045</b>	<b>\$ 3,032,764,478</b>	<b>\$ 863,949,515</b>	<b>\$ 3,340,690</b>	<b>\$ 1,398,408,697</b>	<b>\$ 51,661,658</b>	<b>\$ (33,803,877)</b>
<b>Medicare:</b>												
Part A Premiums	42,636,856	0.6%	42,058,432	7,249	-	494,900	3,981	-	-	-	-	72,294
Part B Premiums	190,394,800	2.6%	96,592,049	423,103	28,264,860	846,350	63,687,462	317,531	-	11,452	6,868	245,124
HMO Premiums	21,537,125	0.3%	-	-	-	22,569	2,441,032	9,251,564	-	9,809,101	12,860	-
<b>Total Premiums</b>	<b>\$ 254,568,781</b>	<b>3.5%</b>	<b>\$ 138,650,481</b>	<b>\$ 430,352</b>	<b>\$ 28,264,860</b>	<b>\$ 1,363,819</b>	<b>\$ 66,132,475</b>	<b>\$ 9,569,095</b>	<b>-</b>	<b>\$ 9,820,553</b>	<b>\$ 19,728</b>	<b>\$ 317,418</b>
<b>Program Category Totals</b>			<b>\$ 1,912,877,837</b>	<b>\$ 658,236</b>	<b>\$ 28,264,076</b>	<b>\$ 28,730,864</b>	<b>\$ 3,098,896,953</b>	<b>\$ 873,518,610</b>	<b>\$ 3,340,690</b>	<b>\$ 1,408,229,249</b>	<b>\$ 51,681,385</b>	<b>\$ (33,486,459)</b>

\* Reflects expenditures for those who were eligible as QMBs (Medicare-covered services only) at the end of the year. As a result, expenditures include more services than are available through QMB coverage.

\*\* Includes individuals covered under SOBRA Pregnant Women policies or individuals age 21 & over under TANF or AFDC-related coverage.

\*\*\* Includes SOBRA Children, individuals under age 21 in TANF or AFDC-related coverage or other children in foster care.

Note: Program Category Totals do not include adjustments processed by DMA, settlements, disproportionate share costs and State and county administration costs and certified public funds in other agencies. Also, financial data reported in the PER originates from and relates to "claims paid" within MUIS during the fiscal year and is not identical with financial data reported in the BD 701 Budget Reports.

Source: SFY Program Expenditure Report

Table 12  
North Carolina Medicaid  
State Fiscal Year 2004  
Expenditures for the Elderly

Type of Service	Aged	Percent of Service Dollars	MQBQ Medicare Qualified Beneficiary	MQBB+MQBE Part B Premium Only	Total Qualified Beneficiaries	Percent of Service Dollars	Total Elderly Dollars	SFY 2004 % of Total Dollars	SFY 2003 % of Total Dollars	SFY 2002 % of Total Dollars
Inpatient Hospital	\$ 15,067,951	0.8%	\$ 16,748	-	\$ 16,748	0.1%	\$ 15,084,699	0.8%	1.1%	1.1%
Outpatient Hospital	30,885,192	1.6%	74,945	-	74,945	0.3%	30,960,137	1.6%	2.0%	2.0%
Mental Hospital (> 65)	7,179,028	0.4%	-	-	-	0.0%	7,179,028	0.4%	0.4%	0.4%
Physician	43,908,023	2.3%	112,354	(32)	112,321	0.4%	44,020,345	2.3%	1.6%	1.6%
Clinics	10,476,312	0.5%	11,426	164	11,590	0.0%	10,487,902	0.5%	0.6%	0.6%
Nursing Facility:										
Skilled Level	401,591,097	21.0%	605	-	605	0.0%	401,591,703	20.7%	20.9%	20.9%
Intermediate Level	372,127,634	19.5%	-	(1,042)	(1,042)	0.0%	372,126,592	19.2%	20.7%	20.7%
Intermediate Care Facility (Mentally Retarded)	24,466,196	1.3%	-	-	-	0.0%	24,466,196	1.3%	1.3%	1.3%
Dental	9,313,687	0.5%	-	-	-	0.0%	9,313,687	0.5%	0.4%	0.4%
Prescription Drugs	442,920,522	23.2%	-	-	-	0.0%	442,920,522	22.8%	21.0%	21.0%
Home Health	32,431,571	1.7%	7,958	-	7,958	0.0%	32,439,530	1.7%	1.8%	1.8%
CAP/Disabled Adult	144,185,448	7.5%	-	-	-	0.0%	144,185,448	7.4%	7.5%	7.5%
CAP/Mentally Retarded	5,298,714	0.3%	-	-	-	0.0%	5,298,714	0.3%	0.3%	0.3%
Personal Care	127,838,732	6.7%	-	125	125	0.0%	127,838,857	6.6%	6.7%	6.7%
Hospice	18,932,203	1.0%	-	-	-	0.0%	18,932,203	1.0%	0.7%	0.7%
EPSDT (Health Check)	8,424	0.0%	-	-	-	0.0%	8,424	0.0%	0.0%	0.0%
Lab & X-ray	187,843	0.0%	159	-	159	0.0%	188,002	0.0%	0.0%	0.0%
Adult Home Care	77,678,298	4.1%	-	-	-	0.0%	77,678,298	4.0%	4.0%	4.0%
High Risk Intervention Residential	-	0.0%	-	-	-	0.0%	-	0.0%	0.0%	0.0%
Other Services	9,730,480	0.5%	3,690	-	3,690	0.0%	9,734,170	0.5%	0.5%	0.5%
<b>Total Services</b>	<b>\$ 1,774,227,356</b>	<b>92.8%</b>	<b>\$ 227,884</b>	<b>\$ (784)</b>	<b>\$ 227,100</b>	<b>0.8%</b>	<b>\$ 1,774,454,456</b>	<b>91.4%</b>	<b>91.5%</b>	<b>91.5%</b>
<b>Medicare:</b>		0.0%								
Part A Premiums	42,058,432	2.2%	7,249	-	7,249	0.0%	42,065,681	2.2%	2.3%	2.3%
Part B Premiums	96,592,049	5.0%	423,103	28,264,860	28,687,963	99.2%	125,280,012	6.5%	6.3%	6.3%
HMO Premiums	-	0.0%	-	-	-	0.0%	-	0.0%	0.0%	0.0%
<b>Total Premiums</b>	<b>\$ 138,650,481</b>	<b>7.2%</b>	<b>\$ 430,352</b>	<b>\$ 28,264,860</b>	<b>\$ 28,695,212</b>	<b>99.2%</b>	<b>\$ 167,345,693</b>	<b>8.6%</b>	<b>8.5%</b>	<b>8.5%</b>
		0.0%								
<b>Grand Total Services and premiums</b>	<b>\$ 1,912,877,837</b>	<b>100.0%</b>	<b>\$ 658,236</b>	<b>\$ 28,264,076</b>	<b>\$ 28,922,311</b>	<b>100.0%</b>	<b>\$ 1,941,800,149</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Medicare Crossovers*</b>	<b>\$ 98,689,090</b>									
<b>Total Elderly Recipients</b>	<b>162,675</b>		<b>647</b>	<b>40,813</b>	<b>41,460</b>		<b>204,135</b>			
<b>Expenditures Per Recipient**</b>	<b>\$ 11,759</b>		<b>\$ 1,017</b>	<b>\$ 693</b>	<b>\$ 698</b>		<b>\$ 9,512</b>			

\* Medicare Crossovers are amounts that Medicaid bills Medicare for those Medicaid-eligible people who are also eligible for Medicare.

\*\* Service Expenditure/Recipient amounts do not contain adjustments, settlements or administrative costs.

Source: SFY 2004 Program Expenditure Report



Table 13  
North Carolina Medicaid  
State Fiscal Year 2004  
Expenditures for the Disabled & Blind

Type of Service	Disabled	Percent of Service Dollars	Blind	Percent of Service Dollars	Total Blind & Disabled Dollars	2004 % of Total Dollars	2003 % of Total Dollars	2002 % of Total Dollars
Inpatient Hospital	\$ 419,847,747	13.5%	\$ 1,574,381	5.5%	\$ 421,422,128	13.5%	13.9%	14.7%
Outpatient Hospital	195,812,082	6.3%	1,195,268	4.2%	197,007,349	6.3%	7.2%	6.4%
Mental Hospital (> 65)	(46)	0.0%	-	0.0%	(46)	0.0%	0.0%	0.0%
Psychiatric Hospital (< 21)	7,591,541	0.2%	-	0.0%	7,591,541	0.2%	0.3%	0.2%
Physician	210,835,173	6.8%	1,257,726	4.4%	212,092,899	6.8%	6.2%	7.0%
Clinics	283,072,000	9.1%	1,273,701	4.4%	284,345,700	9.1%	8.5%	7.6%
Nursing Facility:								
Skilled Level	76,555,501	2.5%	1,066,855	3.7%	77,622,357	2.5%	2.6%	2.6%
Intermediate Level	45,093,305	1.5%	1,037,300	3.6%	46,130,605	1.5%	1.6%	1.7%
Intermediate Care Facility (Mentally Retarded)	378,465,752	12.2%	7,017,502	24.4%	385,483,253	12.3%	13.8%	15.0%
Dental	32,472,187	1.0%	199,955	0.7%	32,672,142	1.0%	0.9%	0.8%
Prescription Drugs	702,175,531	22.7%	4,726,513	16.5%	706,902,044	22.6%	20.6%	19.3%
Home Health	112,665,820	3.6%	904,782	3.1%	113,570,601	3.6%	3.8%	3.9%
CAP/Disabled Adult	56,086,167	1.8%	1,578,707	5.5%	57,664,874	1.8%	1.8%	2.1%
CAP/Mentally Retarded	255,960,094	8.3%	2,638,663	9.2%	258,598,757	8.3%	9.1%	9.5%
CAP/Children	22,872,512	0.7%	319,104	1.1%	23,191,616	0.7%	0.8%	0.8%
Personal Care	87,111,926	2.8%	1,821,868	6.3%	88,933,794	2.8%	2.4%	1.9%
Hospice	12,027,400	0.4%	122,182	0.4%	12,149,582	0.4%	0.4%	0.3%
EPSDT (Health Check)	1,356,892	0.0%	6,327	0.0%	1,363,218	0.0%	0.0%	0.1%
Lab & X-ray	5,721,439	0.2%	48,548	0.2%	5,769,987	0.2%	0.2%	0.2%
Adult Home Care	56,759,995	1.8%	346,260	1.2%	57,106,254	1.8%	1.8%	1.8%
High Risk Intervention Residential	24,030,245	0.8%	-	0.0%	24,030,245	0.8%	0.7%	0.4%
Other Services	46,251,218	1.5%	231,404	0.8%	46,482,622	1.5%	1.3%	1.4%
<b>Total Services</b>	<b>\$ 3,032,764,478</b>	<b>97.9%</b>	<b>\$ 27,367,045</b>	<b>95.3%</b>	<b>\$ 3,060,131,523</b>	<b>97.8%</b>	<b>97.9%</b>	<b>97.7%</b>
Medicare, Part A Premiums	3,981	0.0%	494,900	1.7%	498,881	0.0%	0.0%	0.0%
Medicare, Part B Premiums	63,687,462	2.1%	846,350	2.9%	64,533,812	2.1%	2.0%	1.9%
HMO Premiums	2,441,032	0.1%	22,569	0.1%	2,463,601	0.1%	0.1%	0.4%
<b>Total Premiums</b>	<b>\$ 66,132,475</b>	<b>2.1%</b>	<b>\$ 1,363,819</b>	<b>4.7%</b>	<b>\$ 67,496,294</b>	<b>2.2%</b>	<b>2.1%</b>	<b>2.3%</b>
<b>Grand Total Services &amp; Premiums</b>	<b>\$ 3,098,896,953</b>	<b>100.0%</b>	<b>\$ 28,730,864</b>	<b>100.0%</b>	<b>\$ 3,127,627,817</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Medicare Crossovers*	\$ 71,506,549		\$ 644,018		\$ 72,150,567			
Number of Disabled/Blind Recipients	241,560		2,214		243,774			
Service Expenditures Per Recipient**	\$ 12,829		\$ 12,977		\$ 12,830			

\* Medicare Crossovers are amounts that are billed to Medicare for those Medicaid clients who are also eligible for Medicare.

\*\* Service Expenditures Per Recipient does not include adjustments, settlements or administrative costs.

Source: SFY 2004 Program Expenditure Report

Table 14  
North Carolina Medicaid  
State Fiscal Year 2004  
Expenditures for Families and Children

Type of Service	AFDC Adults	% of Service Dollars	Special Pregnant Women	% of Service Dollars	AFDC Children & Other Children	% of Service Dollars	Indigent Children	% of Service Dollars	Breast Cervical	% of Service Dollars	Total Families & Children Dollars	SFY 2004 % of Total Dollars	SFY 2003 % of Total Dollars
Inpatient Hospital	\$ 151,750,520	22.9%	\$ 79,306,172	37.6%	\$ 64,945,799	11.2%	\$ 189,232,575	22.9%	\$ 364,950	10.9%	\$ 485,600,016	21.3%	11.2%
Outpatient Hospital	131,678,108	19.9%	25,443,118	12.1%	59,269,196	10.2%	84,858,435	10.3%	1,509,497	45.2%	302,758,353	13.2%	7.6%
Psychiatric Hospital (< 21)	-	0.0%	6,191	0.0%	10,206,731	1.8%	8,215,812	1.0%	-	0.0%	18,428,734	0.8%	0.5%
Physician	131,874,926	19.9%	56,558,548	26.8%	82,887,756	14.3%	163,297,154	19.7%	1,097,903	32.9%	435,716,286	19.1%	9.2%
Clinics	28,920,337	4.4%	19,935,653	9.4%	143,628,440	24.7%	98,898,092	12.0%	17,936	0.5%	291,400,459	12.8%	6.5%
Nursing Facility:													
Skilled Level	283,407	0.0%	-	0.0%	25,515	0.0%	-	0.0%	-	0.0%	308,922	0.0%	0.0%
Intermediate Level	3,502	0.0%	-	0.0%	80,462	0.0%	-	0.0%	-	0.0%	83,965	0.0%	0.0%
Intermediate Care Facility (Mentally Retarded)	32,392	0.0%	-	0.0%	1,747,471	0.3%	782,896	0.1%	-	0.0%	2,562,758	0.1%	0.1%
Dental	34,076,003	5.1%	1,441,434	0.7%	40,970,610	7.0%	60,849,409	7.4%	19,474	0.6%	137,356,930	6.0%	2.5%
Prescription Drugs	130,318,458	19.7%	9,035,403	4.3%	75,193,698	12.9%	106,114,837	12.8%	226,514	6.8%	320,888,910	14.0%	6.3%
Home Health	8,871,773	1.3%	1,379,944	0.7%	5,142,401	0.9%	9,697,851	1.2%	50,456	1.5%	25,142,425	1.1%	0.5%
CAP/Disabled Adult	181	0.0%	-	0.0%	223	0.0%	962	0.0%	-	0.0%	1,366	0.0%	0.0%
CAP/Mentally Retarded	-	0.0%	-	0.0%	2,147,448	0.4%	808	0.0%	-	0.0%	2,148,256	0.1%	0.1%
CAP/Children	-	0.0%	-	0.0%	609,178	0.1%	-	0.0%	-	0.0%	609,178	0.0%	0.0%
Personal Care	2,978,710	0.4%	44,498	0.0%	607,008	0.1%	526,098	0.1%	15,662	0.5%	4,171,977	0.2%	0.1%
Hospice	362,322	0.1%	-	0.0%	2,284	0.0%	153,600	0.0%	-	0.0%	518,206	0.0%	0.0%
EPSDT (Health Check)	33,373	0.0%	27,207	0.0%	12,626,235	2.2%	34,863,221	4.2%	5	0.0%	47,550,041	2.1%	1.1%
Lab & X-ray	8,482,911	1.3%	4,600,189	2.2%	3,064,455	0.5%	6,593,862	0.8%	17,129	0.5%	22,758,546	1.0%	0.5%
Adult Home Care	34,068	0.0%	-	0.0%	22,701	0.0%	5,831	0.0%	6,745	0.2%	69,345	0.0%	0.0%
High Risk Intervention Residential	-	0.0%	4,761	0.0%	46,221,321	8.0%	32,432,439	3.9%	-	0.0%	78,658,521	3.4%	1.5%
Other Services	24,850,772	3.8%	11,614,633	5.5%	27,252,693	4.7%	25,233,191	3.1%	14,418	0.4%	88,965,708	3.9%	1.8%
<b>Total Services</b>	<b>\$ 654,551,762</b>	<b>98.8%</b>	<b>\$ 209,397,752</b>	<b>99.2%</b>	<b>\$ 576,651,625</b>	<b>99.2%</b>	<b>\$ 821,757,072</b>	<b>99.4%</b>	<b>\$ 3,340,690</b>	<b>100.0%</b>	<b>\$ 2,265,698,901</b>	<b>99.2%</b>	<b>99.5%</b>
Medicare, Part A Premiums	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%
Medicare, Part B Premiums	310,691	0.0%	6,841	0.0%	7,300	0.0%	4,152	0.0%	-	0.0%	328,983	0.0%	0.0%
HMO Premiums	7,514,915	1.1%	1,736,649	0.8%	4,632,226	0.8%	5,176,875	0.6%	-	0.0%	19,060,665	0.8%	0.5%
<b>Total Premiums</b>	<b>\$ 7,825,606</b>		<b>\$ 1,743,489</b>		<b>\$ 4,639,526</b>		<b>\$ 5,181,027</b>		<b>-</b>		<b>\$ 19,389,648</b>	<b>0.8%</b>	<b>0.5%</b>
<b>Total Services &amp; Premiums</b>	<b>\$ 662,377,368</b>		<b>\$ 211,141,242</b>		<b>\$ 581,291,151</b>		<b>\$ 826,938,099</b>		<b>\$ 3,340,690</b>		<b>\$ 2,285,088,549</b>	<b>100.0%</b>	<b>100.0%</b>
Medicare Crossovers*	\$ 846,632		\$ 62,070		\$ 19,203		\$ 9,634				\$ 937,539		
Number of Family & Child Recipients	224,740		57,047		270,548		521,991		228		1,074,554		
Service Expenditures													
Per Recipient**	\$ 2,947		\$ 3,701		\$ 2,149		\$ 1,584		\$ 14,652		\$ 2,127		

\* Medicare Crossovers are Medicare charges that are billed to Medicaid.

\*\* Service Expenditures per Recipient does not include adjustments, settlements, or administrative costs.

Source: SFY 2004 Program Expenditure Report

Table 15  
North Carolina Medicaid  
State Fiscal Year 2004  
Medicaid Copayment Amounts

<u>Service</u>	<u>Copayment Amount</u>
Chiropractor visit	\$1.00
Dental visit	\$3.00
Optical service	\$2.00
Optometrist visit	\$2.00
Outpatient visit	\$3.00
Physician visit	\$3.00
Podiatrist visit	\$1.00
Prescription drugs (including	
Generic & Insulin	\$1.00
Brand Name	\$3.00